

# Original Lectures.

## LECTURES ON NEW REMEDIES AND THEIR THERAPEU- TICAL APPLICATIONS.

DELIVERED AT THE  
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.

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### LECTURE V. PART II.

#### THE ACTIVE PRINCIPLE OF COLCHICUM—COLCHICINA.

With the principle which I have prepared, and which is identical with the *colchicine* of Oberlin (and of the chemical differences between this and the *colchicin* of Geiger and Hasse I have already spoken), I have tried some physiological experiments. To a full grown dog, weighing about twelve pounds, I administered one grain, finely rubbed up with one drachm of sugar, and enveloped in a thin slice of meat; this was thrust down the throat. For about one hour no change was noticed, excepting a gradual increase in the frequency of the pulse, being at the end of the hour fifteen beats more than at the commencement. Gradually the dog began to show restlessness and pain. In two hours he had a full copious discharge from the bowels, the first portions of which were natural in appearance, but the latter portion was light colored, pulsatious, and very frothy; vomiting also commenced, which at first consisted of thin mucus, but as the retching continued, the mucus thrown up was small in quantity, and freely tinged with blood. Urine was passed at first freely, and as an old dog usually passes it, but as the dog grew weaker, many ineffectual attempts were made, and constant straining in the way which a young dog usually uses, without throwing up the leg; although the efforts to urinate were frequent, no urine was passed after three and a half hours. The pulse in two and a half hours was thin, wiry, and frequent. In six hours the pulse was small, feeble, and reduced to twenty-four beats in the minute. In the meantime the diarrhoea had been very troublesome; the discharges were thin, ochre-colored, frothy, with frequent patches of bloody mucus. After the seventh hour the dog did not attempt to rise, the pulse became small, thready, and intermittent, and he died a little before the eighth hour, without convulsions. Upon post-mortem examination the heart contained much thick, pitchy black blood, and the same also was found in the ascending and descending aorta as described by Bley and even in the arteries of the legs and neck; the mucous membrane of the stomach was only slightly congested, but the whole mucous membrane of the small and large intestines was inflamed, even down to the anus, near which there were several large abrasions. Upon removing the kidney, and dividing it with a sharp knife, the first appearance was one reddened inflamed mass, and upon more minute examination the Malpighian bodies were very red and much congested, the interlobular plexus was also very much congested, and the congestion extended even to the infundibula and pelvis of the kidney.

Two grains were given to another dog, which died in eleven and a half hours with all the symptoms above described. Towards the pyloric extremity of the stomach there was an irregular patch of about the size of a dollar, highly congested; the other parts of the mucous membrane were not much changed; the small and large intestines were like those in the other dog; the heart contained the same black, pitch-like blood; the kidneys were if anything more congested than those before described; the bladder was entirely empty.

To a dog, weighing about fourteen pounds, two grains of this colchicina were given finely rubbed up with a drachm of sugar, and a scruple of tannic acid. The whole

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was enveloped in a slice of meat, and pushed down the throat. The restlessness of the dog seemed greater than with either of the others described. There was retching in half an hour, and in about an hour free vomiting. In an hour and a half there was copious diarrhoea. Thirty grains of tannic acid were now given, but it did not control the diarrhoea; there was not the same desire to urinate as shown by the other dogs, but no urine was passed after the fourth hour. The dog died in fourteen hours. The post-mortem appearances were nearly the same as in those described, excepting that the kidneys were not so generally inflamed, though there was great congestion of the malpighian bodies and interlobular plexuses, but it did not extend beyond them as in the other case; the bladder contained about a teaspoonful of very dark-colored urine. Thus tannic acid is no antidote to colchicina.

To a cat, while under the influence of chloroform, was administered one grain of colchicina, enveloped in a small round ball of bread. In a little more than an hour it purged her freely, and produced very great uneasiness, as she prowled round in a restless and timid way, and constantly moaned. The tenesmus with the dogs was great, but with this cat it was very severe, so long as the strength lasted she seemed to make almost one continual strain. The cat died in eight hours. There was congestion of the stomach, intestines, and lungs; the right side of the heart was empty, but the left ventricle was distended with pitch-like black blood. The kidneys presented the same appearance as in the dog I first described.

*Therapeutical Applications.*—To a gentleman suffering with an acute attack of gout I administered one-fortieth of a grain of colchicina, three different times, at intervals of four hours. It produced no effect upon the bowels, but the urine was largely increased in quantity, and contained a very large amount of urate of ammonia and mucus. I could not perceive that it produced much change in the pulse. The dose was now increased to one-thirtieth grain, which I was obliged entirely to suspend after the third dose. The pulse fell in frequency twenty-eight beats, the urine continued to flow very freely, and still contained the same large amount of urate of ammonia and mucus; the bowels were opened several times, the discharges were of an ochre color, very frothy, and had a strong urinous smell; there was some tenesmus, and an inordinate amount of flatus, which rather amused him at first, but eventually became quite painful. As I remained some time with my patient, and saw no cause for fearing too severe an action, I gave nothing but large quantities of mild diluents. I had no occasion to repeat the medicine, as it completely arrested the paroxysm. The urine that was passed before the administration of colchicina was small in quantity, of very dark color, deposited uric acid in large quantity on cooling, and was of sp. gr. 1.021. That passed after the third dose of colchicina was large in quantity, of much lighter color, containing a very large quantity of urate of ammonia and mucus, and was of sp. gr. 1.030. That passed after the bowels had been very freely acted on was still large in quantity, and contained about the same quantity of urate of ammonia and mucus, and was of sp. gr. 1.025, thus making a difference in the amount of solid matters discharged of about twenty per cent. even in the same quantity of urine passed; but as the amount passed was certainly four or five times larger, the amount of effete matters carried off in this way must have been very great.

Another case of gout coming under my notice about the same time, I gave one-thirtieth grain of colchicina, and repeated it seven times at intervals of from four to six hours. It acted more quickly on the bowels than in the previously mentioned case, producing the same ochre-colored, frothy, and urine-like smelling discharges as before spoken of, and producing much flatus and some tenesmus. The increase in the quantity of urine passed was very marked; the sp. gr. increased from 1.018 to 1.024, and uric acid and mucus were deposited in large quantities. This is the only paroxysm that this gentleman has had.

There is one other person to whom I have administered the colchicina. This person was suffering from a subacute, or rather chronic, attack of gout; he had gouty concretions of urate of soda, and enlargement of the joints. I gave him one forty-fifth grain three times a day for ten days. It acted freely on the bowels three or four times daily, producing flatus to such an extent that he had to keep watch on himself when any one was near. The urine was increased in quantity and in specific gravity, and deposited large amounts of uric acid on cooling. He was very much benefited by the treatment. I find no other mention of the use of this agent in the treatment of disease, excepting by Dr. Guensberg, of Breslau. He has used it in many cases since 1853. Patients that had long suffered from gout, took, during the painful paroxysms of the swellings of the joints, one-sixtieth of a grain (of Geiger's) three times daily. In every case the remedy acted as an intense excitant of the intestinal secretion, even in such patients who had always before suffered from constipation. After three or four weeks' use of the colchicin, patients who before had suffered from an attack every two or three months, remained entirely free for a year or longer. But in acute articular rheumatism its employment did, contrary to his expectation, but little or no good.

*Modus Operandi.*—We have not a very large number of physiological experiments from which we may draw inferences as to the *modus operandi* of colchicina; but the few experiments that are given demonstrate its effects with greater accuracy than is usual with new remedies. We see by the physiological experiments on animals of Geiger, Albers, Hoppe, Aschoff, Bley, and Schroff, that colchicina uniformly acts as an irritant to the mucous membrane of the intestinal canal, producing frequent and copious alvine discharges; that given in the quantity of one grain or over to the smaller animals, it universally caused death, with pathological evidences of gastro-enteritis. We see, also, by the experiments of these gentlemen, that it enters the circulation and produces upon the blood the changes that a mere acrid poison does not necessarily produce. Aschoff and Bley have demonstrated its existence in the secretions. All of the experiments performed, those of my own included, demonstrate that, although it induces vomiting, the vomiting only takes place after a considerable time, that it is first absorbed, and that the vomiting is but the consequence of the gastro-intestinal irritation. Although it has been common to call colchicin an acrid narcotic, we see that it possesses no narcotic properties, that it has no special action upon the brain or spinal marrow, and that a very large increase of the dose but little increases the intensity of the symptoms, and does not hasten death. We see by the physiological experiments performed by myself, and also by the therapeutic action in the cases I have reported, that in addition to the effects above mentioned, we have an increase at first in the amount of urine discharged; but in poisonous doses the urine is soon entirely suppressed, owing to inflammation of the kidneys. This is not mentioned as one of the actions of this medicine by the gentlemen whom I have just quoted; but in the experiments I performed it will be remembered that no animal to which I administered it passed any urine after the fourth hour, and that after death none was found in the bladder. Upon examination of all the animals that I experimented upon, pathological changes, which alone were sufficient to cause death, were found in the kidneys; in two of them the whole organ was inflamed, and the congestion extended to the infundibula and pelvis. In the dog to which I administered tannin in connexion with the colchicina, the kidney was less inflamed than in the other animals, but a smaller quantity of urine was passed by this animal, and the desire to urinate was less urgent. After death the malpighian bodies and interlobular plexuses were found highly congested. This was sufficient to prevent the elimination of any urine, and it appeared to me that the astringency of the tannin had had the effect to retard the passage of as much as usual of the poison through the

kidneys. It will be seen in the cases in which I record the therapeutic action of the remedy, that the quantity of urine was largely increased, and that the effect was produced even before its action on the bowels; that in addition to the increase in quantity, there was also a very great increase in specific gravity, and that the amount of urates and mucus was very large. Guensberg, who alone in addition to myself has tried the therapeutic effects of this remedy, has only noticed that it acted as an intense excitant of the intestinal secretion; but his were chronic cases, which he probably saw but once a day; but he found that it produced absorption of the swelled joints. Schroff, who administered it by way of experiment to a person in health, states that "the urine was like whey, with abundant white sediment." It will be noted, then, that we have given several instances wherein, administered in medicinal doses, colchicina increases both the quantity, specific gravity, and uric deposit of the urine. Let us turn again to the character of the feces discharged; all state it to be large in quantity, mucoid, and frothy, and when it has been particularly examined, I have stated that it has a strong urinous smell. This effect is as marked with the administration of tincture of colchicum as with colchicina; and once, some years ago, I examined the feces of a gouty person while under the influence of colchicum, and found them to contain a large amount of uric acid. It will be remembered that Chelius, of Heidelberg, many years ago, endeavored upon theoretical reasonings to explain that colchicum cured gout by eliminating uric acid from the blood, because he noticed that under the action of colchicum the amount of uric acid in the urine was much increased. This is disputed by those celebrated men Dr. Pereira and Dr. Graves, who not only deny that colchicum augments the excretion of uric acid, but state that it rather diminishes it when the remedy is given to its full effect. This, in my opinion, is one of the best evidences in proof of the theory of Chelius, for the gentlemen just named carry their observations only so far as to state that under the full effects of colchicum the amount of uric acid in the urine is decreased; here their observations cease; they make no examination of, or investigation into, the character, amount, and composition of the alvine discharges, nor have they examined the blood before and after the administration of colchicum. As I have just stated, I have in one instance proved that tincture of colchicum administered to a gouty person to its full purgative effect, produced the elimination of a large quantity of uric acid in the feces; that the urine before the purging contained more uric acid than it did after. In other instances where it was administered in small doses, not sufficient to produce purging, the uric acid in the urine was greatly and persistently increased. In the cases which I have reported of the therapeutic action of colchicina, we find the quantity of urine increased, as well as the specific gravity, and that the urates were in great abundance. This occurred from the time of the administration of the dose until free purging was produced; then the specific gravity was less, and the quantity discharged less, but both were more than before the administration of the colchicina. Guensberg found colchicina reduced the gouty swellings, and for many years colchicum has been used to reduce the deposit of urate of soda occurring about the joints. It would seem, then, to me, viewing the various effects we find produced by colchicina, that its *modus operandi* consists in its removal from the system of a large amount of urates. Chelius stated this to be its effects by noticing the augmentation of uric acid in the urine only; I think I have demonstrated his observations to be correct, not only in the amount of urates, but in the increase of the specific gravity also, and also by its presence in the alvine discharges. But the excellent work of Dr. Garrod fully explains these facts. In poisonous doses it first stimulates the kidneys, then the intestines; and destroys life at last, not only from the inflammation it produces in these organs, but by its preventing any secretion of urine, and by its acrid, poisonous properties upon the

blood. Could the kidneys continue their functions, it would all be eliminated, and the system would recover from the poison; but, like most acrid poisons, it inflames and paralyzes the kidneys, and is thence retained in the system, changing the character of the blood. I need hardly discuss the question of its absorption. I have so frequently during the session given you demonstrable proofs, by physiological experiments, that this class of remedies is absorbed into the circulation before they produce their peculiar effects upon the system, that repetition here I deem unnecessary. Being absorbed into the system, its action is catalytic, producing some peculiar change in the character of the circulating fluid, stimulating certain of the excretory glands, and passing out of the system after it has produced its peculiar effects. Its primary effects are upon the blood, for we find, when given in too small doses to act upon the bowels, that it always stimulates the kidneys, and increases the amount of excreted metamorphosed tissue. That its action on the blood is of that peculiar character to cause a rapid elimination of this product, is proved by the increase of the urates in the urine, and by their presence in large quantities in the feces. Its action on the bowels, then, though always hitherto spoken of as its primary action, I deem but secondary to that upon the kidneys; and when the kidneys are unable to eliminate either it, or the changed materials that it produces, the blood becomes so altered as to be unable to become arterialized, and is found in the heart and arteries after death black and pitch-like.

*Uses.*—From the physiological effects of colchicina we may ask, What are its uses? We have seen from several cases that it has given speedy relief in gout, and from the known effect of colchicum for many ages in that disease we have empirical as well as rational proof of its value. Colchicina has never been used in inflammatory rheumatism, but the testimony of thoughtful men is that colchicum is of no service whatever in that disease. From its physiological action we have every right to draw deductions that it will be found of great service in those diseases where uric acid and the urates are in abnormal quantities, and require to be removed from the system.

When speaking of the action of colchicum I told you that objections were raised by some against the use of it in gout, because it seemed to lose its effects in subsequent attacks. Is not this rather the nature of the disease than the want of proper action of the remedy? A first paroxysm of gout is frequently easily controlled in a short time, and by a mild remedy, but each successive paroxysm fixes the diathesis more firmly on the system, until after a time no remedy will cure or cut short the duration of an attack, it only palliates the pain. A certain length of time is required, and a certain amount of abstinence necessary to enable the medicine even to relieve the symptoms; the gout then disappears for a time, and returns again at its regular period. Even in these instances colchicum greatly relieves the severity of the pain, and is necessary before a cure is effected. Another error is frequently committed:—Colchicum, and it alone, without regimen or diet, is depended on, and as it gives relief nothing is administered afterwards to correct the still existing depraved condition; whereas, had proper after treatment been resorted to, the patient would not be left in a condition to find fault with the injurious action of any medicine. One thing is certain, a majority of the cases of gout we meet with are quickly cured by the action of colchicum, and in many other cases it affords great relief from the pain, and is frequently the only medicine capable of giving relief. It is as near a specific in gout as any other medicine in other disorders; but it will be recollected that there are no specifics. Guestenberg demonstrated that colchicina afforded great relief to old and chronic cases.

*Antidotes.*—It has generally been supposed that tannic acid was an antidote to the poisonous effects of colchicum. Acting upon this view Aschoff administered 15 grains of tannin to a dog to which he had previously given one grain of colchicina; it had no antidotal effects. It will be remem-

bered that I administered 20 grains of tannin in combination with 2 grains of colchicina, and afterwards gave 30 grains more of tannin, and that it had no effect in preventing the action of the poison, or prolonging the life of the animal. From the rapid manner in which colchicina was absorbed by animal charcoal Carter recommends it as an antidote, and if it could be administered immediately I have no doubt that it would be perfectly protective until means could be adopted to remove the whole from the stomach; but unless administered immediately it would be of no effect—because the absorption of the poison is rapid, and it would in no way counteract its action when once absorbed. Magnesia also has been recommended; but Magnesia is very frequently given in large doses with tincture of colchicum, and yet the colchicum produces its peculiar effects. All that can be done is to counteract the effects of the poison, and this I conceive will be most successfully accomplished by full doses of opium, and stimulants, with free diluents.

*Doses.*—Of the article made by Oberlin, and by myself, about  $\frac{1}{15}$ th grain should be the maximum dose. I found  $\frac{1}{15}$ th to  $\frac{1}{10}$ th to be safe if not too frequently repeated. In these doses it produced promptly its characteristic effects, and had the advantage over any of the crude preparations that it was definite, and did not deteriorate on keeping. It is always difficult to get a good preparation of colchicum, and hard to keep it good. This, when once prepared, does not change, and is definite in its action.

## Original Communications.

### ON THE IMPROVEMENT OF THE CONDITION OF THE INSANE.

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In presenting to the readers of the AMERICAN MEDICAL TIMES the question which heads this article, the writer is fully aware the subject is by no means a novel one. He cannot hope to offer any suggestions to those members of the profession whose labors in behalf of this unfortunate class demand an honorable recognition in the history of the State provisions for the insane. Yet, if it can be made to appear that this work, auspiciously commenced, is not finished, but may be made more comprehensive, may not the claims of the insane still further engage earnest attention and sympathy?

In the consideration of this subject three inquiries naturally suggest themselves:—

I. What, briefly, are the history and policy of the State in providing for the care and treatment of its insane?

II. What are the present number and condition of the insane in the State, and provision for their treatment and cure?

III. What plans and suggestions for the improvement of the condition of the insane does experience at home or abroad suggest?

In the early history of any State the care of dangerous and violent lunatics devolves, from necessity, upon the public authorities. The law directs the public officer to secure such insane persons from doing violence to life and property, or being a source of public insecurity, by confining them to the limits of a jail or alms-house.

In this simple act we observe the recognition of a duty which the community owes to the individual, and one which it is compelled to perform. Duty, in public life as in private affairs, often suggests a policy, especially where it is founded upon moral obligation towards the individual concerned. Thus, the public conscience, which has been content to perform a duty without a policy, comes to agitate the proposition of combining duty, or obligation, with policy. Growing out of this comes the legitimate result,



the adoption of a practicable plan and policy of relief. In short, all civilized communities, from a recognition of moral obligations to the individual, motives of economy, and sense of security, have projected plans for ameliorating the condition of their insane.

The disposition of the insane in the State of New York has not been unlike the usual one. Confined in almshouses and jails, from necessity and duty, the legislature, in the year 1806, enacted a law making an appropriation to the New York Hospital for a period of fifty years to aid the erection of larger accommodations for their care. The Governors of the Hospital were to be the almoners of this yearly bounty, and we cannot infer the State presumed to do more than foster a benevolent enterprise. It could not, as yet, be said to have instituted a policy. In March, 1836, the act authorizing the erection of a State Lunatic Asylum, at Utica, was passed, and it received patients in January, 1843. It would not be within the scope of any paper, or within the patience of the readers of the *Times*, to give, in detail, the history of the labor which culminated in the erection of this noble charity, and in the adoption of a line of policy by the State looking to the kindly care and restoration of all insane persons within its limits. Suffice it now to remark that the annals of the profession present no brighter page than that which records its earnest efforts for this result.

The organic law of the State Lunatic Asylum was conceived in a liberal spirit, and, if interpreted according to the philanthropic views of its projectors, public opinion would have tolerated no other arrangements for caring for the insane than well regulated asylums built expressly for the purpose. We need no other assurance of this than the avidity with which the room of the asylum was appropriated. In the third annual report Dr. Brigham stated, "The asylum has been constantly full the past year, and we have been reluctantly compelled to refuse admissions to a considerable number." Applications continued to be refused during following years.

Dr. Benedict, in the tenth report, says:—"Sixty were necessarily refused, and thirty-seven patients were removed to other institutions to make room for those having preference by law. If we can calculate the coming, by the past year (1852), there will have been refused admissions into this institution a number of patients large enough to fill another hospital before it can be built, should its erection be commenced immediately."

Dr. Gray, in the thirteenth report, states that one hundred and sixty-seven applicants were refused admission.

The testimony of the several superintendents has been unanimous, and uniformly to the fact, that the "Institution has been wholly inadequate to the wants of the State."

This subject has not occupied the thought of those only who, brought into such intimate official relation with the insane, were prepared to speak intelligently. Governor Seymour and Governor Clark severally presented it to the Legislature with a recommendation to its favorable consideration. The Superintendents of the Poor, the legal custodians of the insane poor, have memorialized, and Boards of County Supervisors have passed resolutions recommending the Legislature to provide additional hospital accommodations. The Legislature has, repeatedly, had this matter under consideration. A question involving the happiness of so large a body of the inhabitants of the State, could not avoid its notice, pressed upon it from so many official quarters. Official documents have emanated from the Legislature; and, more recently, a committee, composed of senators, engaged for five months, with some intermissions, in investigations into the condition of the insane, presented a report; all recommending proper measures of relief. Bills, framed from time to time to meet the desired end, have received the favorable action of one, and sometimes of both branches of the Legislature, yet have failed, finally, to become laws; and no further provision for the treatment of lunatics has been made.

We have already intimated, if the original law of the

Asylum had been executed in a faithful spirit, by public officers, public opinion would have been educated to the necessity of providing for all insane persons in proper asylums. It becomes necessary, however, to notice an important modification of the law relating to the support of indigent persons in the State asylum. During the early history of the Asylum the yearly admissions were large, reaching 428 in 1847, and 424 in 1853. The obvious result, as was to be expected, was the accumulation of a large number of incurables. It was natural to hear this would result in impairing the usefulness of the Asylum. The law disposing of insane persons in indigent circumstances, not paupers, provides for their support in the State Asylum for two years. Under the law before amendment it became a practice with many counties to permit their incurable insane to continue in the Asylum after the expiration of this period, still paying for their support. In 1850 an amendment was procured to this law authorizing the managers in their discretion to cause such a patient to be sent to the county from which he came, whether the county authorities desired the removal or not. Thus, by virtue of public laws, we seemed to authorize a return to the old system which begins and ends with the least possible care of the individual.

The result, if not obvious before this amendment went in force, has become so since. It became evident that the counties must continue to provide for their insane in their own way. Yearly, numbers have been thrown back upon the counties to provide for. Many of the counties have enlarged, but not improved, their accommodations. Many counties have erected receptacles which they call asylums, and, instead of sending their recent cases of insanity to the State Asylum, as by the spirit and letter of the law they are clearly bound to do, retain them at home. In other counties movements are on foot looking to the care and treatment of all the insane within their own county-houses. It seems, now, unless this is prohibited or regulated by positive enactment, that the original policy of caring for the insane will be radically reversed. A construction of the laws is permitted which implies that all there is to be done for the insane is to provide them food, clothing, and shelter; and that this can be accomplished quite as well, in a county poorhouse as in an asylum.

In reviewing the lunacy history of the State our conviction is that no act has been so fraught with disastrous results to the interests of the insane, or more effectually arrested all efforts to ameliorate their condition.

Briefly, then, we may say of the insane of the State that prior to the year 1808 no organized asylum for the insane existed in the State, though a few lunatics were provided for in the New York Hospital. The asylum building was completed in 1821. In 1843 the State Lunatic Asylum was opened for patients. The committee which recommended the passage of the law authorizing the erection of the Asylum clearly enunciated what was designed to be the policy of the State in these words. "To correct the evils of the existing system as to pauper lunatics; to discharge that highest of moral and religious duties which devolve upon us as a government and as citizens to relieve the wants of the poor and afflicted; to obey the authoritative mandate of the Ruler of the world; to imitate the example of other nations who we will not confess surpass us either in public spirit or benevolence, we should erect hospitals adequate in number and extent to accommodate all our insane—hospitals provided with all the necessary means and facilities for their safe-keeping, personal comfort, and cure."

**COLLISIONS.**—Of 2136 persons killed and injured on railways during four years (1857-60), 289 cases were attributable to trespass or suicide, and 111 to accidents at level-crossings. These must be set aside as due to personal carelessness or folly. This would leave only 193 instances of death or injury not attributable to collisions, against 1643 due to this latter cause, or seven-eighths of the whole number.—*Lancet*.

A CASE OF  
ULCERATION OF THE STOMACH,

AND RECOVERY, WITH SUBSEQUENT ULCERATION AND PERFORATION OF THE DUODENUM.

By J. KNEELAND, M.D.,

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On the 29th of Dec., 1861, I was called to see a lady, aged sixty years, a farmer's wife, mother of six children, who had been about eight weeks under treatment by an "eclectic doctor" for a variety of complaints. I took charge of the case on the 31st of Dec., and found the following symptoms present:—Loathing of food; vomiting and diarrhoea; emaciation and sallowness of the skin, suggestive to the mind of jaundice, but on closer examination seeming like the complexion which usually obtains in some cases of internal cancer, or other organic diseases which impair nutrition and assimilation. The pulse ranged from 100 to 110, and was small; the tongue was not much coated, but creased or furrowed deeply. The chief complaint was of severe pain occurring in paroxysms, worst in the epigastric region in a circumscribed spot, but extending thence through the body into the back and between the shoulders. The stomach was very tender to pressure, and a sense of internal heat was at all times present. The vomiting mostly occurred within an hour or two after eating, and the contents of the stomach were mixed with a glairy, tenacious mucus, sometimes tasteless, and sometimes slightly mixed with bile. At times it was said by her attendants that she had vomited a dark-colored matter resembling strong coffee, and had subsequently passed feces resembling coffee grounds. I prescribed iced gum-water, pills of nit. silver, morphine, and bread crumb, alternated with bismuth and tannin, and counter-irritation of minute blisters dressed with morphine and starch; also lime water and milk diet. She continued for about ten days without much change; slept a little better at night, and retained some more nourishment, and the bowels by the help of starch and laudanum injections were somewhat checked.

On the night of Jan. 14th she vomited more severely than common, throwing up first a sanious fluid, and afterwards several large coagula. I ordered iced cloths to epigastrium, cold drinks, and gave gallic acid and opium in pill. The hæmorrhage subsided, and did not again recur, but much darkened and partially digested blood was evacuated by stool during the next three days. A tendency to diarrhoea continued until her death, which occurred during the night of Jan. 22d. On the 19th she had a sinking spell, and never fully rallied. She, however, retained full consciousness, and had less pain during the last two days of life. She had vomited so much mucus during former attacks, and her pain had been so severe, that her medical adviser had called her disease "gastrodynia, caused by or attended with catarrh of the stomach." His treatment consisting of blisters and mercurial purgatives, followed by cool bland diet, with morphine and bismuth, had served to bring in check two former attacks which she had suffered from during the past three or four years.

After seeing the case two or three times, the conviction that former ulceration of the stomach, and existing "ulceration of the duodenum, which must soon terminate fatally," became so fixed in my mind, that I asked consent to make a post-mortem examination. On the 23d, twelve hours after death, assisted by Drs. Alfred Hall and Dr. D. W. Burdick, I laid open the abdomen, and found the intestines nearly empty, looking well externally. We proceeded carefully to examine the ovaries and womb; they were free from any traces of diseased action. The right lobe of the liver was adherent by its convex, superior, and anterior surface to the diaphragm, but was separated by the fingers without great force, and its appearance and structure seemed

healthy. The gall bladder was two-thirds full of healthy looking bile. Spleen normal. A ligature was placed about the lower end of the œsophagus, and another around the jejunum near its junction with the duodenum, and the stomach, pancreas, and duodenum were then carefully taken out for a more thorough inspection. The stomach seemed small, and was firmly attached posteriorly to the pancreas. The serous covering of the stomach, in front and above, looked healthy. On laying open the viscus by an incision through its anterior aspect, midway between the smaller and larger curvatures, we found its mucous lining of a pale pink color, covered with mucus, and looking healthy, excepting a large oval depression occupying that portion of the organ which rests upon, and in this case was firmly adherent to, the pancreas. This cicatrix was one inch and a quarter in its longest, by one inch in its transverse diameter; its edges were thickened, so that its depth varied from three to five lines; its bottom and edges were whiter than the surrounding mucous membrane. In consequence of the presence of this cicatrix the organ was much diminished in size. I with my fingers and the handle of a scalpel separated the stomach from the pancreas, and found all the coats terminating at the edges of the cavity, and the opening in the stomach became much larger. The puckering of the mucous lining so marked before the separation now disappeared, leaving a hole of two inches and a half in diameter, bound round its edges with a firm band of lymph. The pancreas retained on its anterior surface the flooring of the ulcer bordered by an oval circle of indurated lymph of the same character.

The duodenum had lost by ulceration, commencing half an inch below the pylorus, some two and a half or three inches of its upper third, only a narrow strip of its attachment to the mesentery or its back part remaining. A flap of its peritoneal coat, which covered a part of the ulceration in front, had given way for near an inch in extent, and the edges of this opening were thin, ragged, and sanious. Some minute blood-vessels at its attached edge (to the strip not destroyed) were clogged with coagula, whence, doubtless, came the hæmorrhage which occurred a week before death. There was in the duodenum below the perforation some of the ingesta mixed with mucus and bile. This fact, taken together with the complete emptiness of the stomach, and the diarrhoea which had existed up to a few hours before death, and the other fact that no traces of food or drink were found loose in the body, none having escaped from the perforation, indicates either that the duodenum had lost its normal peristaltic action; or, which is more probable, that the serous coat of the ulcerated part did not give way long before death, and that action in the bowel had then ceased, and as the stomach had emptied itself by vomiting nothing was passed through the pylorus into the opening after it occurred, nor did any regurgitation of the contents of the duodenum occur after complete perforation took place through the peritoneal coat. The ductus communis choledochus had not been disturbed in its functions, its insertion into the duodenum being some distance below the ulceration. There was no softening or abnormal tenderness of the mucous lining of the pylorus, or of the duodenum, below the ulcer; the valvular folds of the lower part of the duodenum, and the upper part of the small intestine, seemed healthy. No signs of disease were found in the colon. The diarrhoea of the last four weeks of life was perhaps a result of the disorganizing process going on in the duodenum. The lungs and heart were inspected, and found healthy in appearance, as they had been in function before death.

The point in this case of great practical value is the well established fact, that organic disease of the stomach, frightfully extensive, and productive of great suffering and impairment of function for months and years, is capable of amelioration, and, in truth, of complete cure. Another point is, How shall we diagnosticate duodenal from gastric disease? This was done in this case, and the diagnosis recorded two weeks before it was confirmed by the autopsy.

BENEFICIAL RESULTS  
FROM THE USE OF  
MECHANICAL APPLIANCES IN POTT'S DIS-  
EASE OF THE SPINE.

ILLUSTRATED WITH CASES.

By JACOB A. WOOD, M.D.,

OF NEW YORK.

(Continued from page 122.)

CASE III.—The son of Dr. ———, of Madison Co., N.Y., æt. six years and five months, of scrofulous diathesis, first came under treatment for Pott's disease of the spine, Dec. 13, 1859.

The following is an abridged history of the case as communicated by the father.

When about three years and a half old, while complaining somewhat of his back from a previous injury the child fell from a low stool to the floor, injuring the spine so as to render him unable to walk for two days. Upon examination there was observed a slight posterior projection of the sixth dorsal vertebra. Treatment was at once commenced with the blisters and issues near the affected part, internal use of iodide of iron and cod-liver oil, together with special attention to the diet. No means have been left untried, from the commencement of the disease, that would seem to afford the least prospect of relief; but all, apparently, to little or no purpose. The disease steadily progressed, involving one vertebra after another, until two or three above and below the original point of the disease became more or less involved.

The deformity continued to increase, and locomotion was performed only with great difficulty by resting one hand upon the thigh. In this manner he attempted to move about, but could only walk a short distance without lying down or leaning upon some object for the purposes of rest and support. He at this time was subject to frequent and severe paroxysms of pain in the lower extremities with partial loss of muscular power.

Upon examining this case I found the patient much emaciated, feeble, and presenting a bold and extensive posterior projection, as represented in Fig. 1.



FIG. 1.



FIG. 2.

The treatment consisted in the use of mechanical means, the immediate effect of which was complete relief from pain and suffering, a more erect position of the patient, and enabling him to walk without resting his hand upon his thigh. During the first three months of the treatment there was an improvement of the general health, strength, and figure of the patient, but with little reduction of the cur-

vature. At the expiration of that time, however, the curvature began to lessen more perceptibly, and has gradually decreased until its size is very much reduced, as seen in Fig. 2, which is a correct outline drawing of the case, taken nearly six months since. For nearly two years the patient has been healthy and robust, and is extremely active.

As in this, so in a large majority of cases of long standing, with a great loss of bony substance, improvement is much more rapid after the case has been under treatment several months.

81 COOPER INSTITUTE, March 29, 1862.

## Reports of Hospitals.

### BELLEVUE HOSPITAL.

#### ANEURISM OF THE ARCH OF THE AORTA.—RUPTURE INTO THE PERICARDIUM.

CASE I.—(Reported by A. N. BROCKWAY, M.D., Senior Assistant.)—John McLaughlin, æt. 33, single, a native of Ireland, laborer, entered Aug. 25, 1860. For the first time, in 1855, he felt a darting pain in the back, near the situation of the left kidney. This passed off and did not return until about a year after, when it continued to recur at intervals, until he entered the hospital; it was then constant, but now and then changing its position. About three months after the patient states that he felt a "squeezing" pain in the left side, which, from his account, seems to have extended beneath the sternum, from a point just above the nipple down to a point a little below the ensiform cartilage, and extending on the left side about four inches. Has had no dyspnoea. When the pain appeared he had vomiting. The medicines administered were anodyne in character. He remained until July last, when he was discharged unrelieved.

He was readmitted Sept. 20, with much the same symptoms. The pain was constant, and much increased when he sat up. There was a small fluctuating tumor over the sixth dorsal vertebra, which disappeared in a few days. This was in the situation of a seton, which was inserted in June. Examination of the chest showed nothing positive, except a loud obstructive murmur at the aortic valves. Can obtain no history of rheumatism. The bowels were regular, and the appetite was good.

About 11 A.M., on the 1st of November, being up to that time in the same condition since admission, the patient was seized with collapse. The pulse was not appreciable at the wrist, but was soon felt feebly on the administration of a little stimulant. He was pallid, and his extremities were cold. Vomiting took place, which was somewhat relieved by bits of ice and hydrocyanic acid. He was tossing his head about, and groaning, as if in great agony. When spoken to loudly he would respond, but would quickly become delirious. On rallying a little he complained of much pain in the head and chest. On the day following (Nov. 2) the vomiting was only occasional; pulse 92, full but weak. Pain in chest, however, continued, cardiac murmur being very distinct. His condition improved until Nov. 5th, when he was able to sit in his chair; pulse 90, regular but weak. He took his meals with the other patients, and was about the ward as usual. About 6 o'clock, as he was eating his supper, he suddenly fell back in his chair with every appearance of being *in articulo mortis*. He became covered with a cold sweat, and the pulse was scarcely appreciable at the wrist. He continued to sink, and died in about twenty minutes after the commencement of the attack.

*Autopsy*, 19 hours after death.—Rigor mortis well marked. Body well nourished. On opening the thoracic cavity, very firm pleuritic adhesions were found on the side and posterior surface of the right lung. Lungs healthy. The pericardium was distended and of a dark color. On opening the sac it was found to be nearly filled with coagu-



lated blood. The contained clot weighed twelve ounces. A rupture of an aneurism of the aorta was ascertained to have taken place. The rupture was about the size of a crow-quill, and occurred on the right and posterior aspect of the aorta. A small bony plate was situated just at the point of the rupture, and patches of atheromatous deposit were scattered over the surface of the vessel. The aneurismal dilatation was about two inches in breadth, by an inch and a half in depth, and commenced immediately above the origin of the ascending portion of the arch of the aorta. The heart was somewhat hypertrophied and the aortic valves thickened with atheroma; the other valves were normal. Liver healthy. Kidneys much congested, but to the eye gave no evidence of Bright's disease. Brain not examined.

**CASE II.**—(Reported by H. S. PLIMPTON, M.D., Acting House Physician.)—Catherine M., *æt.* 33, entered the hospital July 23d. Her general appearance was good. She complained of much dyspnoea, especially after exertion. The heart was very irritable. Physical examination revealed: size of heart, normal; pulse very irregular, and a murmur heard with the first sound, at one time most distinctly at the apex, but afterwards at the base. She kept her bed most of the time. On July 27th, as she was leaving the water-closet, she shrieked and fell upon her face, and after struggling about ten minutes, died. The hands immediately unclenched and the face lost its look of horror.

**Autopsy.**—On opening the thorax the pericardium was seen filling its middle third. The sac and its contents being removed weighed fourteen ounces. On opening into it a clot of blood was discovered weighing seven ounces, which had an even consistence throughout. The heart was small. The aortic valves normal, but there was slight thickening of the mitral. Near the left coronary artery was a small opening from the pericardium into the substance of the left side of the heart, which would admit a crow's quill. This was found to communicate neither with ventricle nor auricle, but with a small sac lying in such a position that, when filled with blood, it would obstruct the aortic opening. This sac would hold a large hickory nut, and opened into the aorta. Other organs healthy.

**CASE III.**—W. S., *æt.* 25, single, native of New York. On the 15th November, about midnight, the deceased was sitting in company with others at table. Having finished a cup of coffee he withdrew, smoking a cigar; suddenly he was seen, without any premonition, to fall forward upon his face. He received immediate attention, being supposed to have fallen in a fit. There was no convulsion, change of color in the face, or expression of consciousness. The fingers were tightly clenched for a moment, he drew a few difficult breaths, and gave no further sign of life.

The deceased having been an orderly of Bellevue Hospital for more than a year, during which time he had been, so far as was known, regular in habit, and had made no special complaint of ill-health, his death was entirely unexpected. He was understood to have been, at a previous period, irregular in his habits, and to have suffered from exposure to syphilis. He was only moderately nourished, and his countenance had an unhealthy cast. On inspection of the body after death the cicatrices of primary syphilis were observed.

**Autopsy.**—Head not examined. Lungs healthy. Pericardium distended, and contained nineteen ounces of blood. The aorta and its valves were the seat of atheroma. There were aneurismal pouches corresponding to each sinus Valsalvæ. Two of these were of sufficient size to admit the end of the index finger. The third was larger, and was the seat of the rupture. This aneurism took its origin from the posterior sinus, and was bounded on the right by the descending vena cava, anteriorly by the pulmonary artery. Both these vessels were pressed upon by the aneurism. On the left side it was in relation with the left auricle, and the fissure in the walls of the aneurism was near the appendix auriculæ of the latter. The liver fatty. Kidneys healthy.

## Reports of Societies.

### NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, February 26, 1902.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

DILATATION AND FATTY DEGENERATION OF THE HEART, DISEASE OF MITRAL AND AORTIC VALVES, EXISTENCE OF THE MITRAL DIRECT MURMUR, ETC.

DR. AUSTIN FLINT presented a heart, and gave the following history:—The specimen was taken from a female patient, aged 30 years, who died in Bellevue Hospital. She had rheumatism five years ago, and for the year or so before her death suffered from dyspnoea on exercise, and when she entered the hospital three weeks ago she experienced a greater frequency and severity in the paroxysms. These would occur at irregular periods during the day and night, and on several occasions she seemed to be on the point of death.

On examining the heart there were evidences of enlargement in the situation of the apex beat, and in the superficial cardiac region. She presented a loud mitral direct murmur. The existence of this murmur is ignored by some, and by most regarded as extremely rare, but I must confess that I have not found it so unfrequent as one would be led to suppose from such statements. There are now in Bellevue Hospital four cases that present it very well marked. The patient presented also a murmur with the second sound at the base (aortic regurgitation). These murmurs were verified by Dr. O'Sullivan, and a number of other medical gentlemen who saw the case. At times she presented also a systolic murmur. The aortic murmur was also sometimes absent, but the mitral direct was invariably present. She died in a paroxysm of dyspnoea.

**Post-mortem examination.**—The heart is extremely soft and flabby, and presents the microscopical and gross appearances of fatty degeneration; its weight is twelve ounces. The left ventricle is somewhat dilated, the thickness of its walls at the thickest part being little under the average, three-eighths of an inch; the right ventricle is still more dilated, the thickness of its walls at the thickest part being only three-sixteenths of an inch; both auricles were also dilated. The mitral orifice presents us with considerable contraction; the two curtains are united by their sides, forming the "button-hole slit;" the contraction is such as to admit only the end of my little finger. The aortic valves appear to me to be a little atrophied, though I regret that the water test was not employed, nor measurements taken to prove the point. The question has arisen in my mind whether they might not be sound. I suppose that the slightest insufficiency might produce an aortic regurgitative murmur, but it has occurred to me that it also might be caused by the passage of blood through the contracted mitral orifice, immediately after the ventricular systole, while the auricle was being filled. I would mention that there was a jugular pulsation synchronous with the contraction of the auricle. The right cavities were largely distended with liquid blood and soft dark coagula.

#### ARACHNOID EFFUSION DEPENDING UPON PNEUMONIA.

DR. LEWIS SMITH presented the lungs taken from a female child who died at the age of nine months, being at the time under the care of Dr. Lambert. Nothing unusual was noticed in her condition until she was about five months old, when she began to waste away. The emaciation continued, though she was wet-nursed and treated with great care. About six or eight weeks before her death she was seized with a dry hacking cough. On the 13th or 14th of the present month she was suddenly attacked with tonic spasms; opisthotonos was a prominent feature. These spasms returned on the 20th, and terminated with her life. During the last week or two before her death her breath-

ing was somewhat accelerated, and she was troubled considerably with meteorismus. On the day following her death a post-mortem examination was made:—About an ounce of clear colored serum was found in the arachnoid, and a slight sanguineous effusion was also discovered on the right hemisphere of the cerebrum. The substance of the brain appeared healthy. The mucous membrane of the trachea was slightly vascular. The upper lobe and the posterior portion of the left lung was emphysematous. The posterior portion on the right side was hepatized. Examined under the microscope oil globules and the compound granular cells were found in abundance. The liver was rather small, and almost destitute of oil globules, in fact the hepatic cells contained hardly any. The kidneys were healthy; the mesenteric glands were enlarged, and of light color, but not tuberculous; the heart was healthy, and the ductus arteriosus was closed as usual with a firm plug of fibrine.

The points of interest were, 1st, The serous effusion in the cranial cavity; 2d, The probable dependence of this effusion upon the pneumonia; and 3d, The absence of tuberculous deposit.

## Progress of Medical Science.

PREPARED BY DR. P. F. C. DESLANDES.

### ON VACCINATION OF INFANTS.

THE question raised in the *Société Médicale des Hôpitaux de Paris*, by M. E. Barthes, with relation to the vaccination of children during the first days following birth, has brought out several communications which may assist in its solution.

In a letter dated August 28th, 1861, Dr. Ragaine, of Mortagne (Orne), writes to the *Gazette des Hôpitaux*: "We have practised vaccination of children, young, delicate, thin, and whose skin was so flabby that it was difficult to make it tense enough to introduce the point of a lancet, and yet we never have seen any of these children, whose number reaches at present to four hundred, fall sick a few days after the operation. The oldest of these children was hardly one month old, the others were eight, fifteen, and twenty days old. The vaccine has constantly appeared to us mild and benign in these poor little beings. We have observed neither roseola, nor erysipelas, nor enteritis; the few diarrhoeas which have come under our notice may be attributed to other causes than vaccination."

Dr. Barillier, physician to the children's hospital of Bordeaux, differs entirely from Dr. Ragaine, as his letter to the same editor will show. He says:—"I am not partisan of premature vaccination, and the following are my reasons: In the nursing department, which receives the foundlings and indigent children, the regulations impose upon us the obligation of sending to the country, a few days after their admission, the children which are not sick. To conform to this condition we are obliged to vaccinate the children the very next day after their arrival. These children, who have often suffered before their admission (either from want of care or insufficient nursing), present the third or fourth day after their vaccination various symptoms: almost always some fever, and, like M. Blache, my much honored master, I have seen violent inflammations, deep ulcerations, etc., which have sometimes carried away our children in a few days. On the contrary, these accidents are much less frequent in those whom the administration keeps in the hospital, or who, being sick, previous to their entrance, have been vaccinated at a later period. I do not think that in Bordeaux vaccination becomes sometimes indirectly a cause of death, by delaying the removal to the country of the children kept in the hospital, a fact observed by M. Hervieux in Paris. The conditions, it is true, may not be

the same in the hospital for children. At Bordeaux the children of the hospital have each an excellent nurse; it was not so in Paris several years ago. I think then that, in hospitals, it is better not to vaccinate children before the second or third month. Another advantage to be derived from this practice is, that it will preserve the country nurses to whom we intrust the children, from syphilitic contagion; for often the manifestations of infantile syphilis are slow (two months). This consideration has always induced me to delay the vaccination of suspected children to the third month, and I always have had reason to be satisfied with this reserve, the more so that variola is very rare before the age of three or four months. An important fact in regard to vaccination is this: At the hospital of Bordeaux, from the month of May to the month of June, 1861, we have not vaccinated one child without seeing this operation followed by erysipelas, often extensive, around the vaccine pustules (eight times has this accident occurred, and two children have died). Three times the vaccine pimple served as starting point to very extensive gangrenous ulcerations, which have carried off our little patient. However, we took care each time to use new vaccine, and derived from a good source. In two cases one single puncture was made on each arm; erysipelas nevertheless made its appearance. (An epidemic reigned then in our wards; we should then abstain from vaccinating during an epidemic of erysipelas.)

The following communication is from Dr. Liégard, of Caen: "About twenty years ago, my friend, Dr. Carling, had only two daughters when his wife was delivered of a little boy, which made him very happy. He intended to wait till he was a month old to vaccinate him, but about the sixth day that child was attacked with a confluent variola, to which he soon fell a victim. The grief of my poor friend, and the reproaches he addressed to himself, made a deep impression upon me, and from that time I have performed this little operation during the eight or ten first days of life, and I never have observed the least accident which might be attributed to this practice. I have done so with my own children; my eldest son was vaccinated the third day after birth. Our learned master, Husson, was also very partial to early vaccination. Some one asked him one day in my presence, at what age he had vaccinated his son. Three hours after birth, replied he. This fact proves what confidence this great practitioner had in early vaccination. His opinion and that of M. Bousquet, which are alike, ought to have a great weight. I will conclude by relating cases which occurred in my own practice:—Case 1. On the 3d of May last Madame H. was delivered at half past eight o'clock in the morning, of a strong healthy boy. At noon of the same day I had several children to vaccinate with very fine vaccine taken from the arm of a child fifteen days old, strong and healthy. I seized this opportunity to vaccinate the little boy born three hours and a half before. I made six punctures, which gave six magnificent pustules. Case 2.—Eight days after, by a singular coincidence, Mme. V., sister of Mme. H., gave birth at seven o'clock in the morning to a healthy little girl. Four hours after I vaccinated this child with vaccine taken from the arm of her little cousin. I made six punctures, which gave five beautiful pustules. These two children have not been, any more than the others, indisposed in the least, from this early vaccination. The only inconvenience I have observed of vaccination thus practised a few days or a few hours only after birth, is that sometimes, and more particularly in very small and very weak children, the pustules do not make their appearance, and vaccination is to be practised again a little later. In these very puny children I never make more than one puncture in each arm."

(To be Continued.)

ILLINOIS STATE MEDICAL SOCIETY.—The Eleventh Regular Annual Meeting of the Illinois State Medical Society will be held at Jacksonville, commencing on the first Tuesday in May, 1862.



## American Medical Times.

SATURDAY, APRIL 5, 1862.

### OUR MEDICAL SOCIETIES.

THE benefits arising from medical societies no right-thinking person can too highly appreciate. In affording a medium for communication between a number of individuals who have interests in common, they unquestionably serve to promulgate and render practical the great truths of our science. Considered also in a social point of view they exercise an obvious influence over the conduct of the profession at large. But notwithstanding the many opportunities for doing good possessed by such bodies, they frequently fall far short of the accomplishment of their true designs. The reason for this lack of usefulness is to be found principally in the scarcity of published proceedings which emanate from them. Our societies throughout the country are very numerous and influential, but with few exceptions their transactions are buried in their individual archives.

The New York Academy of Medicine, to its credit be it said, has taken a desirable stand in this matter, and gives to the medical world, at stated intervals, its papers in the form of Transactions, and its discussions in a well conducted Bulletin. More could not be asked of any scientific body. The N. Y. Pathological Society also is commencing to follow the example, but only in respect to a Bulletin of its proceedings from the commencement of the present year. This step is one that deserves encouragement, and will, undoubtedly, meet with the approbation of every lover of pathological science. But, at the same time, every one must regret that no measures have as yet been taken to give to the public the many valuable papers, and discussions upon them, which are to be found in the memoirs since 1844. This society has, since its establishment, worked faithfully, regularly, and untiringly, and it is fair to suppose that its doings of past years are worthy of no mean place in the literature of pathological anatomy. We hope the society will devise some means by which this vast amount of material may be rendered available.

Of the other smaller societies in New York we hear from them occasionally in the shape of a meagre and isolated report, and yet we have every reason to believe that the proceedings of almost every meeting are worthy of a place upon record. While the scarcity of numbers and pecuniary disabilities might, in these cases, prove an argument against the publication of a volume, it is certainly no index of the enterprise of the body in not furnishing at longer or shorter intervals one well digested report. The publication of its proceedings not only confers a benefit upon the society as a whole, in giving it character, but it exerts a salutary influence upon the individual members in stimulating them to praiseworthy exertions, and insuring on their part an exactness of description and an increased profundity of research. Each member is aware that he is personally accountable for the views he entertains, and he is, consequently, more particular that no hasty assertion shall be made.

Every society advances in usefulness, and subserves the

general interest, just in proportion as it confines itself to scientific matters. Too much time is generally occupied in the transaction of ordinary business, and there is often too strong a disposition to transform scientific into legislative bodies. No society in this country can claim to have a legislative character except, perhaps, the American Medical Association, and the Medical Society of the State of New York; the former, a true representative of the opinions of the whole class of American physicians, and the latter the only association endowed with special rights by the state legislature. To these, then, we should be satisfied to leave our legislation, and be content, in our other societies, with only such action as will insure the enforcement of the rules of order. Another thought suggests itself in this connexion, having also reference to the saving of time, and that is, the transaction of all mere business matters only after the scientific discussions are ended. The experience of one of the most learned societies has amply proved the practicability of such a system in rendering its meetings in the highest degree interesting and profitable. Under such circumstances no disposition is shown to enter into discussions of parliamentary usages, neither is there time left for personal quarrels; the executive business is transacted in a summary manner and no one is dissatisfied. Every society, of course, has its particular stumbling-blocks, members who have always something to say on every subject, and who, from their known character for superficiality, empty-headedness, and presumption, are never listened to, and only serve to waste valuable time. If such members would even have propriety enough to speak to the point they might by chance be tolerated, but when they seize every opportunity to become verbose and tedious, supporting crude ideas by worse philosophy, every one learns to dread their rising. We fear no remedy exists for this evil, which, we are sorry to say, is quite rife in our various societies, except, perhaps, a friendly hint to those who are not so lost in their own conceit as not to heed it.

For the past year the various societies in our city have shown a commendable zeal in furthering the cause of science. Before the Academy of Medicine many learned papers have been read and thoroughly discussed, and we deem it our duty here to state that the members of this body are under no small obligation to their President for his indefatigable zeal in thus securing for them such profitable meetings. The Pathological Society has so thoroughly established its character for sound practical investigation that it stands in need of no special commendation. Its meetings have been largely attended, by both students and the profession generally. The various sections of the Academy, particularly the surgical and obstetric, have shown an amount of enterprise that reflects the highest degree of credit upon the energy and hospitality of their respective chairmen. We are glad to see that other sections are beginning to follow their example, and we hope that ere long they will all be in a condition to reflect credit on the renowned parent society. The other medical societies have transacted their usual amount of business, and we may be excused from a separate allusion to each by making the general statement that there has been a greater number of valuable papers read before them during the past year than during any similar time in their own recollection. They are all in good working trim, and with the exception of the few drawbacks to usefulness referred to, we see in them nothing but to praise.

## THE WEEK.

A PITHFUL effort was recently made in the Legislature of this State to prevent the publication of the Transactions of the State Medical Society. The Hon. Dr. Bowen, Chairman of the Committee on Medical Societies and Colleges, replied in a happy vein to the remarks of the mover of the proposition. Referring to the volume of transactions for the present year he called attention to some facts our legislators would do well to read, understand, and act upon:—

"Sir, whoever will take the pains to examine the Transactions of the Society for the past year, will there see enough to satisfy him of the progress going on in the Profession for the amelioration of the ills of suffering humanity. He can there glance at the recent improvement so faithfully delineated in the management of fractured limbs; he can there become acquainted with some of the Topographical influences which not only induce certain forms of disease, but have a powerful influence in their modification and duration. He can there learn something of the laws by which sanitary regulations may be governed, which may be vastly useful as a matter of political importance, and as a matter connected with the prosperity of the State, as revealed in the great study of vital statistics."

This is a truthful and well timed recognition of the great value of a knowledge of the medical topography of the State. As a matter of justice the Legislature should engage the State Medical Society to make a complete sanitary survey of the State, as the basis for enlightened legislation in matters pertaining to the improvement of the salubrity of many districts, and its cities and villages. We hope the day is not distant when our representatives must have as the first article of their political catechism, the following proposition, recently laid down by the English statesman, Lord Stanley: "The greatest and the most tangible good that can be conferred upon a people by their rulers is to improve their sanitary condition." In conclusion, the speaker paid the following eloquent tribute to the profession, and his fellow medical members:—

"Mr. Speaker, I forbear in the presence of this House to recount the instances of toil, the self-sacrifice, the devotedness to the requisitions of poor afflicted humanity, as borne by the Medical profession. Your own observation, aye, your own experience by your own hearthstone and within your own household, must have convinced you of this. I call your attention to the fact which cannot have escaped your keen observation, that no class of men on this floor have with more assiduity applied themselves to the sacred behests of those who commissioned them here."

The Metropolitan Health Bill is making good progress through the Legislature of this State, and if it meets with no other opposition than fair argument and legitimate legislative opposition, will certainly become a law. And there never was placed on the statute book a law more wise, more just, and capable of doing an equal amount of good. But mark! directly in its path appears again that omnipotent power, which for three successive years has in some way, we need not tell how, proved its defeat! A morning paper of this city says in last Tuesday's issue:—

"We learn that the employees of the City Inspector's Department were yesterday assessed one month's pay—which in the aggregate is a large sum—ostensibly for the purpose of defeating the new Metropolitan Health Bill, now before the Legislature. It will be remembered that

the same department sent Ald. John H. Brady to Albany last year, with \$9,000, for the same disinterested object."

The country has this year manifested great interest in the passage of laws for the better regulation of the Health Department of New York city, and large and small towns have memorialized the Legislature to enact needful measures of reform. And well they may, for it is shown that this city daily scatters far and wide the loathsome diseases which bring death to many a country family circle, and desolation to the domestic hearthstone, where health alone would reign were the foul sources of these diseases exterminated from this commercial centre. But let us give our country friends timely warning that their wishes are liable to be defeated by New York gold! Let them mark well the votes which their representatives give against a measure which commands the united support of all the good citizens of this death-ridden city!

One of the most urgent wants of the profession of this city is a depot where spirituous liquors of a reliable quality can be obtained for medicinal purposes. Heretofore it has been next to impossible to secure on prescription any form of ardent spirits that was not of an inferior quality, if not positively adulterated with the most injurious ingredients. Several of the leading physicians of this city have endeavored to secure an agency here which should supply the profession with at least one article—Bourbon whiskey—of a perfectly reliable quality. They will have done the profession a good service if such proves, as we believe it will, both medicinal and palatable.

## Reviews.

COURSE OF LECTURES ON THE PHYSIOLOGY AND PATHOLOGY OF THE CENTRAL NERVOUS SYSTEM, delivered at the Royal College of Surgeons of England, in May, 1858, by E. Brown-Séquard, M.D., F.R.S. 1860. Philadelphia: J. B. Lippincott & Co.

LECTURES ON THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS OF PARALYSIS OF THE LOWER EXTREMITIES, by E. Brown-Séquard, M.D., F.R.S. 1861. Philadelphia. J. B. Lippincott & Co.

(Continued from page 184.)

The origin of the sympathetic is partly in the spinal cord, partly in the higher portions of the encephalon, but chiefly in the medulla oblongata and neighboring parts of the encephalon. The vaso-motor nerve fibres, or motor nerve fibres of the sympathetic going to bloodvessels, reach the brain and the cerebellum, passing along the spinal cord, the medulla oblongata, and the pons varolii. Through these fibres is exerted the nervous influence upon nutrition, absorption, and secretion, and besides that action determining the changes in the elements of the tissues. The principal phenomena observed after the section, or the galvanization, as well as the irritation of the sympathetic, may be classed as follows:—Section of the nerve—producing dilatation of blood-vessels, and upon it afflux of blood, with increase of vital properties and of temperature. Galvanization, or irritation of the nerve—producing contraction of blood-vessels, and upon it diminution of blood; with decrease of vital properties and of temperature.

The physiology of the medulla oblongata is considerably elucidated by Dr. Brown-Séquard. The depth of the physiologist is evident in his experiments to prove that this part of the nervous system has been erroneously considered as the focus of life. So, no more mysterious action of the

small amount of grey matter, near the nib of the calamus scriptorius, looked upon by the celebrated Flourens as the *vital knot*, since it may be extirpated without death. Nor has the oblong medulla any exclusive influence on respiratory movements. Vivisections show that they may cease either after removal of the pons varolii alone, or simply of the small origin of the par vagum, the rest of the medulla oblongata being untouched, or after the ablation of the encephalon except the whole medulla oblongata. In animals whose spinal cord is rich in grey matter, and possesses a powerful reflex faculty (alligators, birds, kittens, and puppies), we find respiration persisting after the whole of the encephalon, including the oblong medulla, has been extirpated. Moreover, cases have been observed, of quite destruction of the medulla oblongata, with, however, a more or less free communication between the pons varolii and the spinal cord, in which, nevertheless, respiration continued to take place. Therefore, the respiratory movements depend upon the incito-motory parts of the cerebro-spinal axis, and on the grey matter connecting them with the motor nerves going to the respiratory muscles. According to this theory, the principal cause of respiration is in the lungs, as supposed by Marshall Hall; but excitations coming from all parts of the body, as shown by Volkmann and Vierordt, and also direct irritation of the base of the encephalon and of the spinal cord, almost constantly taking place, contribute to the production of the respiratory movements.

Vertigo, rotatory movements, and other kinds of convulsions may ensue after irritation of the acoustic nerve. The chief cause of rotatory convulsions is often a tonic contraction of some muscles of the neck, though they may also depend upon troubles in the nutrition of certain parts of the brain, from changes in its blood-vessels.

"There is, in some parts of the base of the encephalon, a property of acting in a persistent manner to produce muscular spasms, during and after, even a slight mechanical excitation. These parts are different from those employed in the transmission of sensitive impressions or of the orders of the will to muscles, at least in the medulla oblongata and pons varolii. They constitute a very large portion of those two organs, and perhaps three-fourths of the first one; they are placed chiefly in the lateral and posterior columns of these organs; many of their fibres do not decussate and produce spasms of the corresponding side of the body; they seem to contain most of the vaso-motor nerves, by which directly or through a reflex action, they may act on other parts of the nervous system; they have much to do with the phenomena of several, if not most, of the convulsive diseases; and lastly, the history of their properties and actions throws a great deal of light on the effects of extirpation or diseases of the cerebellum."

It is easy to seize the connexion between these phenomena and the development of epilepsy, artificially produced in animals by Dr. Brown-Séguard, after injuries to the spinal cord. His experiments have led him to assert:

"1st, That the spinal cord in animals may be the *cause* (not the *seat*) of an epileptic affection.

"2d, That there is a mysterious relation between certain parts of the spinal cord and remote parts of the skin of the face and neck.

"3d, That epileptiform convulsions may be the constant consequence of slight irritation upon certain nerves.

"4th, That the trunk of a nerve may not have the power of producing convulsions, whilst its cutaneous ramifications possess this power.

"5th, That even when an epileptiform affection has its primitive *cause* in the nervous centres, some cutaneous filaments of nerves not directly connected with the injured parts of these centres, have a power of producing convulsions, which other nerves, even directly connected with them, have not."

The base of the encephalon, and especially the medulla oblongata, is the most frequent seat of the increase in the reflex excitability, which, together with the loss of control that, in normal conditions, the will possesses over the reflex faculty, constitutes the essential conditions of epilepsy.

The most frequent filiation of the phenomena in this affection may be thus represented:—

#### CAUSES.

1. Excitation of certain parts of the excito-motory side of the nervous centre.

2. Contraction of the blood-vessels of the brain proper.

3. Extension of the first excitation, *partly* due to the accumulation of blood in the base of the encephalon.

4. Contraction of laryngeal and of thoracic expiratory muscles.

5. Further extension of the first excitation of the nervous centre.

6. Loss of consciousness, and tonic contraction in the trunk and limbs.

7. Laryngismus, tracheismus, and the fixed state of the chest.

8. Asphyxia, and the accumulation of black blood in the encephalon, and in the spinal cord.

9. Exhaustion of nervous power generally, and of the reflex faculty especially, except for respiration, which gradually becomes normal.

#### EFFECTS.

1. Contraction of blood-vessels of the brain proper and of the face, spasm of some muscles of the eye and face.

2. Loss of consciousness, and accumulation of blood in the base of the encephalon.

3. Tonic contraction of the laryngeal, the cervical, and the thoracic expiratory muscles (laryngismus and trachelismus).

4. Crying, and stoppage of respiration.

5. Tonic contraction, extending to most of the muscles of the trunk and limbs.

6. Falling.

7. Asphyxia, with obstacles to the return of venous blood from the head, and the spinal cavity.

8. *Clonic convulsions* everywhere; contractions of the bowels, the bladder, the uterus; erection; increase of many secretions; efforts at inspiration.

9. Cessation of the convulsions; coma or heavy sleep, after which extreme fatigue and headache.

Dr. Brown-Séguard insists upon the existence of an *aura* originated from any part of a centripetal nerve, and often unfelt, preceding the fit, even in epilepsy due to encephalic lesion. Application of galvanism to the skin or of ligature on each limb alternately, are the best means of detecting the existence in them of an unfelt aura, by producing in the first instance the fit, which in the second is prevented.

The treatment of epilepsy may be resumed: in preventing the outside irritation to reach the nervous centres, and in modifying their nutrition to forestall their abnormal excitability. Moxas, or cauterization by red hot iron applied to the back of the neck, are successful means for this last purpose.

Dr. Brown-Séguard gives us full example of reflex actions as a fundamental cause of disturbance, not only of secretion and nutrition, but also of functions of the brain and of the whole nervous system. The absence of influence of this latter on any part of the body, is hardly a cause of other alterations of nutrition than atrophy, while the irritation of the nervous system is a most powerful direct or reflex cause of a great many morbid changes in nutrition and secretion.

As regards the troubles in sensibility and motricity it should be observed that, in diseases of the spinal cord, the referring sensations to the periphery of the body (pain, formication, pricking, etc.) are a valuable sign of either inflammation in the grey matter or of irritation in the posterior roots. A variable spasmodic flexion of the thighs and legs is likewise peculiar with diseases of the spinal cord. This symptom has not been observed in any disease of the encephalon, the spinal cord being healthy. It was considered by Bellingeri, Valentin, and Oppolzer, as pathognomonic.



monic of a lesion in the anterior columns of the cord, that of the posterior columns being attended with the spasm of the extensor muscles. The distinction, however, is contradicted by several pathological cases, and in tetanus, when almost always the extensor muscles are chiefly convulsed, the anterior columns of the cord are frequently found altered, instead of the posterior, as it should be according to the above theory.

Anæsthesia and loss of temperature always accompany each other, except in lesion of the brain proper, which might be consequent upon a decussation of vaso-motor nerve fibres above the pons varolii, as otherwise these fibres appear to have little or no crossing in the cerebro-spinal axis. Anæsthesia alone is quite impossible from alteration of the spinal cord. It could ensue only upon longitudinal division on the very median line of the cord, without any other injury—as in longitudinal wounds of the spine, or in spina bifida. Dr. Depaul observed sensibility lost, and voluntary movements partly preserved, in a case of *diplo-myelia* (congenital division of the spinal cord). Certainly, diseases of the encephalon, poisoning by lead, belladonna, arsenic, etc., and frequently a morbid reflex action may produce anæsthesia; but with diseases of the spinal cord it is the effect of alteration in the central grey matter. This conclusion seems to hold good also with respect to the loss of each of the various kinds of sensibility.

## Correspondence.

### THE SPECULUM IN USING THE TAMPON.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The suggestion of Dr. E. P. Bennet, in regard to the use of the speculum in plugging the vagina to restrain uterine hæmorrhage, is a good one. With a view of giving some additional hints upon the use of the tampon I am induced to cite the following case.

July 23, 1860, was called to see Mrs. B—, æt. 30; has borne four children, and now three months pregnant; she had had a fall followed by slight hæmorrhage at first, which increasing finally brought on severe labor pains. By a digital examination I found the placenta protruding from the os, which I succeeded in removing. The pains and hæmorrhage ceased, and all went well for three-weeks, when the patient walked two miles and picked a pail of berries, carrying a child one and a half year of age in her arms. On her return she was taken with alarming uterine hæmorrhage; I was called, found her completely blanched; although of a full habit, fainting from the slightest exertion. I resorted to the various usual remedies for hæmorrhage, such as ergot, lead, tannin, alum, and gallic acid—ice over the uterus, and active stimulants to keep up the strength. As the loss of blood had been so great I resorted at once to the use of the tampon, using sponge and soft rags wet with alum water; but after a few hours the blood would find its way through and around the plug, which would induce me to remove it with a view of adjusting it more perfectly. As might be expected I soon had the external parts in so irritable a state as to prevent my placing the plugs even as perfectly as at first. This state of things continued for three days in spite of all my remedies, medical or mechanical, when it occurred to me to use the speculum in placing my tampon, which I found was a great saving of pain to my patient, and permitted me to press the plug firmly upon the os. I used dry cotton batting, made up into little balls of a proper size to pass readily through the speculum; one after another of these pledgets of cotton was passed through the speculum and pressed firmly upon the os, the speculum being gradually withdrawn as the vagina was filled until it was perfectly packed. (I have since learned to tie the pellets of cotton upon a piece of common wrapping twine some six inches apart, something like the tail of a boy's

kite, and then leaving a bit of the twine hanging out by which the whole may be withdrawn). This was permitted to remain until next day: no blood had passed through it. By the aid of the speculum I discovered that the hæmorrhage came from a ragged ulcerated surface covering the anterior and posterior lips, dipping down into, in fact lining, the whole cervical canal, which was patulous and open. Blood was oozing from the whole surface so rapidly as to almost fill the speculum. I applied the solid nitrate of silver thoroughly, and again applied the tampon as before. This treatment was continued for four or five days, the blood never finding its way through the dry cotton; the hæmorrhage, when the tampon was removed, becoming gradually less and less until it entirely ceased.

Yours, etc.,

SAMUEL MITCHELL, M.D.

CAMERON MILLS, STEUBEN CO., N.Y.,  
March 24, 1862.

## Army Medical Intelligence.

### SANTA ROSA ISLE.

HEALTH OF THE SIXTH REGIMENT OF N. Y. VOLS.—INTERESTING GUN-SHOT WOUNDS.

[Army Correspondence of the AMERICAN MEDICAL TIMES.]

CONTRARY to general expectation we have found this post, though wanting in incident and interest, very healthy, having lost but four men by disease, during a residence of eight months. Through the Fall our sick report was rather heavy, in consequence of severe picket and fatigue duty; the arrival of the 75th to share our labors, has, however, materially and quickly reduced its bulk, the hospital patients at present numbering thirteen, those in quarters eleven. In comparing the medical statistics of different regiments, an immense want of proportion in their number of sick is immediately observable. This is due to one surgeon registering all his patients both in quarters and hospital, while another records the latter alone. Though we have had a fair share of other diseases, as catarrh, pneumonia, typhoid fever, etc., yet by far the greater number of cases have been dysenteric. These have arisen from causes the most opposite—heat, cold, wet, food, and water. I have tried most of the usual remedies for combating this military scourge, and am convinced that calomel has the strongest claims to our attention, approaching almost to a specific. My method of prescribing this medicine has been in small doses, with or without opium, for from one to three days, and then administering a dose of oil. I have sometimes found it necessary to push this treatment as far as gentle salivation.

After participating in one fight and two bombardments we have had some instances of wounds from fire-arms; the two following appear to me the most interesting:—

I.—On the 1st of January Thomas Moran of Co. I, whilst taking supper, was struck by a piece of shell in the calf of the right leg. When brought to hospital, though a comrade had tied a handkerchief round the limb, he had lost a considerable quantity of blood. There were two openings, one three inches below the knee, and a little to the inside of the median line, the other, and larger one, an inch and a half below the joint, to the outside of the leg. The hæmorrhage proved so troublesome that a free incision was made down to the back wound, which was filled with compressed sponge, and the limb bandaged. For eighteen hours after the receipt of injury both myself and Dr. Benedict, surgeon to the 75th (who afterwards kindly assisted at the operation), detected pulsation in the posterior tibial artery. The patient rallied considerably during the first night, but on the second day he was sinking fast, and the leg having commenced to mortify amputation was decided on. Dr. Pease, surgeon to the regiment, operated at the middle of the thigh, and even there pus was found in the cellular tissue. The man died in an

hour after. On examination the gastrocnemius and soleus were found torn through, the head of the fibula slightly scraped, but no large vessels injured. In this case the holes of exit and entry, though jagged and irregular, were nowhere more than an inch in diameter, no large artery was touched, yet the fatal effects of shell wounds were demonstrated, the muscles being extensively lacerated, and the limb as it were shocked to death.

II.—James Marshall of Co. C., quarrelled with and beat a tent-mate, named Blaney, who, in self-defence, seized his gun (a rifled minié musket). Two comrades tried to wrest the weapon from Blaney, at the same time that Marshall seized it by the barrel; in the scuffle that ensued Blaney discharged the piece, having kept his forefinger on the trigger all the time. The ball cut through Marshall's trousers, about two and a half inches above the knee, on the outside of the thigh, blackening but not piercing his drawers, and making a slight bruise on the skin beneath. Proceeding downwards it entered the leg two and a half inches below the knee, and passing along the peroneus longus, close beneath the skin, came out between the peroneus brevis and extensor communis. The distance from wound of entry to that of exit was four inches, the latter being three inches in length, appearing like a clean cut, one inch deep. The bullet, after leaving the leg, went through a hard pine plank, one inch thick, and was found scarcely altered in shape, embedded two inches in the sand. From the position the men (who are about the same height) stood in, one having his finger on the trigger, the other hold of the barrel of the gun, it is evident that it could not have been inclined at an angle greater than 120°, according to Blaney's account not so great. Here, contrary to the established course of minié balls, straight through all impediments, we have an instance (the first I believe ever recorded), in which one was deflected by a pair of cotton drawers. Marshall has since progressed very favorably. Some slight suppuration took place along the track of the bullet, and at the wound of exit a little fascia sloughed away, requiring a few poultices. At present, with the aid of straps and water dressing, both wounds have almost entirely healed, and the man will be fit for duty in another week.

EDMUND LYNCH,  
Asst. Surgeon, 6th Regt. N. Y. V.

SANTA ROSA ISLE, Feb. 22, 1862.

## HEALTH OF TROOPS AT NEW MADRID.

[Army Correspondence of the AMERICAN MEDICAL TIMES.]

NEW MADRID is ours, and like most other towns and places occupied by rebels, and subsequently by our troops, presents some points of interest. In the first place a good portion of the town was burned, and the balance destroyed by the rebels before leaving, and desolation and ruin reign supreme. Our forces, with the exception of a few companies garrisoning the two forts, are encamped two and a half miles from town in an immense cornfield. The country is perfectly level, soil rather sandy, but still enough clay and loam to make it muddy and wet. For the first week after our arrival it rained constantly, and we had no water but surface water, as the enemy prevented our going to the river, and the whole command was greatly troubled with diarrhoea; and as we were obliged to encamp in the mud, without straw or forage to sleep upon, many began to suffer with pneumonia and rheumatism. But the past two weeks the weather has been less wet, each regiment has dug wells, getting a fair supply of water twenty-two feet from surface, and take it altogether the health of the command is greatly improved, and at present may be considered good.

I am sorry to say we are still troubled with the old scourge, variola. I have now in my charge seventeen cases, and I have about come to the conclusion that I am the one who is destined to take charge of this pest where-

ever I go. I had hoped when I left the Upper Missouri, that some other person would have the extreme felicity of ministering to its demands, but the shirt of Nessus is nothing compared to it. I am the victim to look after it still, and suppose I may as well yield quietly. I am very glad to say that thus far I have not lost a case of variola this winter, and hope the good luck will continue. Our loss in killed and wounded on the last day's bombardment, and several skirmishes previously, amounted to about thirty-five. Most of the casualties were the result of shot and shell. One shell took off the right legs of three men, all requiring amputation above the knee. Several were severely injured in the body with pieces of shell, and have since died. The wounds being made by shell and round shot were all very severe. The number killed and since dead is nine; the balance all seem doing well. I send you a morning report which I picked up in a house of the Eleventh Arkansas regiment, stationed at this place in February and March, from which you can judge of the healthfulness of this location. The aggregate force of the regiment was 847, and of this number the morning report of Feb. 9th shows 463 sick, leaving 239 privates for service after the extra duty men are deducted. In proof that this report is correct, I will state that I passed their burying ground of two acres yesterday, and it is planted all over with graves as close as it is possible to dig them.

Yours etc.,

CHARLES H. RAWSON,  
Surgeon 5th Iowa Regt. Vols.

CAMP NEAR NEW MADRID, Mo.,  
March 20, 1862.

## REPORT OF CASES OCCURRING AT THE BATTLE OF ROANOKE ISLAND, VA.

[Army Correspondence of the AMERICAN MEDICAL TIMES.]

HAVING a little time to spare on our passage from Roanoke Island to Newbern, I thought I would employ it in giving you a short history of some of the most interesting surgical cases which have come under my notice at and since the battle at Roanoke Island.

On February 8th, shortly after 8 A.M., the first wounded man was brought from the field; from that time until half past eleven they fell fast, considering the number in action. The regiments composing the brigade to which I am attached were the principal ones engaged, and, unfortunately, one of our surgeons was sick, two were on board the gunboats, and one was wounded at the commencement of the action, leaving me but one surgeon and four assistant surgeons for the entire brigade.

The first case of interest was that of an old man belonging to the 25th Mass. Regt.; his arm was carried away above the elbow by a portion of shell. As soon as he was brought from the field, a small quantity of whiskey was given to him, and he was at once placed under chloroform (in all cases operated upon on the field under my direction that day chloroform was administered, always by a small piece of lint being laid over the nostrils and mouth, one thickness only, and the chloroform dropped on, in no case was there over one drachm used). The arm was amputated by Dr. Derby of the 25th Mass. by the flap operation. The recovery has been perfect, and the man has gone home.

The second case was a Corporal Lawrence of the 51st New York Regt., a man of fine healthy constitution; both his limbs were shattered below the knee. They were immediately amputated just below the joint, one by myself, and the other by Dr. Rivers of the 6th N. H. Regt. This man has gone on recovering without one bad symptom, both stumps united in almost the whole extent by first intention. The operation was circular.

The third was an old man with a gun-shot wound in the knee-joint, passing through the left knee and partly through the right; the bones were badly comminuted, the lower third of femur being in small fragments. I amputated the left limb just above the juncture of lower and middle third

the stump has done well and there has been perfect union. The right leg is still suppurating freely from the opening into the joint, and I fear cannot be saved, but every effort will be made to produce ankylosis of the joint. The surgeon in whose charge he is left has promised to write to me as to his future progress.

I also amputated two lower extremities below the knee, and one arm below the elbow-joint, in each case for gunshot wound, producing compound comminuted fractures, so extensive in character as to forbid all hope of saving the limb; both men who lost their lower limbs have done well, but the young man whose arm I amputated died in forty-eight hours from a grapeshot wound in the bowels, which I did not notice when he was brought off the field.

One young man had the lower jaw fractured by a Minié ball; the ball entered in front of the facial artery on the right side, and passed out behind the artery on the left side. I removed that portion of the jaw between the angles and some splinters from the ascending ramus on left side, leaving as much of the periosteum as possible; he has done extremely well, and gone home on leave of absence. In one case of gunshot wound of the forearm fracturing the radius, Dr. Green of the 24th Mass. excised the fractured portion of the bone with a most satisfactory result, and this, I think, is the only secondary operation which has been satisfactory in its results. Both of the others mentioned were performed on the field without waiting for any reaction to take place. The patients, since that time, have been placed in a position where it has been impossible to procure fresh provisions, and hence their diet has been very unsatisfactory.

If all the surgeons engaged in the present war will make a note of the cases operated upon on the field, without waiting for any reaction to take place, and those which are deferred for secondary operations, it would make a series of valuable statistics for future reference.

If we have any fighting, as we expect, at Newbern, I will send you an account of the wounded.

Yours etc.,

J. H. THOMPSON,  
Brigade Surgeon, U.S.A.

PAMLICO SOUND, March 12, 1862.

## Medical News.

PROSPECTUS OF THE "NEW YORK ANNUAL MEDICAL REGISTER," FOR 1862.—This volume will contain: Brief notices of all the Medical Societies in this city, giving the date of their foundation and incorporation, their officers and members for the current year, their Presidents, from their organization, when obtainable, the time and places of meeting, fees, dues, etc. The American Medical Association and N. Y. State Medical Society will also be included in the work. A selection of the principal Laws of the State, now in force, specially relating to the practice of Physic and Pharmacy in this city, together with the Code of Ethics of the American Medical Association. The more important data of historical interest connected with the numerous Hospitals, Infirmarys, and Dispensaries of the Metropolis, with present Officers, Trustees, and Medical Staffs, also tabular statements of the leading statistics of each for the past eight or ten years. A short account of the several Medical Schools, with present Officers, Trustees, and Faculties, number of Alumni for each year since the first graduation, names and residences of the graduates in 1861; also the names of the recipients of the prizes annually awarded by those Institutions. The Board of Health for 1862, with lists of former Health Officers, Health Commissioners, Resident Physicians, City Inspectors and Coroners, as far back as procurable. Mortality of the city for 1861, also the ratio of deaths to the population, for quinquennial periods, from 1805 to 1862. Catalogue of all the Medical Works and Periodicals issued from the press in 1861; Medical Booksellers

and Publishers; Surgical Instrument, Microscope, Artificial Limb, etc., Makers; Police Surgeons, Physicians connected with Life Insurance Companies, etc. Medical Necrology for 1861. Several papers relative to Medical matters here three quarters of a century since. The design of the Compiler is to give a picture of New York as it is in a Medical point of view, and also to afford a convenient repository for such authentic memorials of the past as may from time to time be furnished him for that purpose, thereby supplying in some measure a desideratum heretofore existing in the Medical Literature of the Empire City. The volume will contain about 120 pages, in 12mo., and will be issued at a price sufficient only to cover the cost of publication. Should the work prove acceptable to the Profession, it is proposed to continue it annually, expanding, modifying, and rearranging the contents as circumstances may require, in order to render each succeeding number a decided improvement on its predecessor, thus, in the course of a few years, presenting a collection of facts, historical, biographical, and statistical, worthy, perhaps, of being preserved for future reference.

THE LATE DR. A. V. WILLIAMS.—The following resolutions of the Board of Trustees of the Astor Library render a deserved tribute to the memory of DR. A. V. WILLIAMS, whose useful life and noble traits were so truthfully noticed in *memoriam* by the graceful pen of Dr. Mott, in the last number of the MEDICAL TIMES:—

At a meeting of the Trustees of the Astor Library, on the 12th day of March, 1862—present, Mr. William B. Astor, President, and Messrs. Daniel Lord, Joseph G. Cogswell, Samuel B. Ruggles, the Reverend Dr. Thomas House Taylor, Mr. James Carson Brevoort, and Dr. Wolcott Gibbs, and his Honor George Opdyke, *ex officio*, Mayor of the city of New York—the following resolutions were unanimously adopted:—

*Resolved*, That the Trustees of the Astor Library have heard with profound regret of the death of their friend and associate Abraham V. Williams, M.D., whose earnest interest in the welfare of the Library, whose stainless integrity, eminent professional character, clear and comprehensive intellect, and manly and genial bearing, are remembered with honor and affection;

*Resolved*, That in the death of Dr. Williams the Library has lost a faithful and intelligent guardian, the cause of education an active and earnest advocate, the profession of medicine an eminent and useful member, and society a distinguished ornament;

*Resolved*, That the Trustees tender to the bereaved family of their friend and colleague the assurance of their sincere and earnest sympathy.

By order of the Board of Trustees the preceding copy of their resolutions is now transmitted to the family of their lamented associate.

March 12, 1862.

WM. B. ASTOR.

SAMUEL B. RUGGLES,  
Secretary.

CHARLES H. RAWSON, M.D., Surgeon of the 5th Regt. Iowa Vols., has been appointed Brigade Surgeon. This is a well merited honor, both to Dr. Rawson, and the State of Iowa, which he alone represents in this capacity. Dr. R. is an accomplished surgeon, and will bring to the discharge of his more important duties great practical experience.

THE strictest temperance should be deemed incumbent on every member of the profession; for the practice of both the physician and surgeon, at all times, requires the exercise of a clear and vigorous understanding, and on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head, may be essential to the well-being, and even to the life of a fellow-creature. Philip of Macedon reposed with entire confidence and security on the vigilance and attention of his general, Parmenio. In his hours of mirth and conviviality, he was wont to say, "Let us drink, my friends; we may do it with safety, for Parmenio never drinks!" Let us admonish you, gentlemen, to be like Philip's general. For a physician who has confided to his care the lives of many should never drink.—*Prof. Baker's Valedictory.*



## MARRIED.

SAWYER-GOOKINS.—In Elkhorn, Wis., Feb. 19, 1862, by Rev. J. B. L. Soule, Dr. S. J. SAWYER, of Raymond, Racine Co., Wis., formerly House Surgeon, 2d Surgical Division, Bellevue Hospital, N. Y. City., to Miss HELEN A. GOOKINS, of Belvidere, Ill.

## METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

## Abstract of the Official Report.

From the 24th day of March to the 31st day of March, 1862.

Deaths.—Men, 79; women, 86; boys, 119; girls, 122—total, 406. Adults, 165; children, 241; males, 198; females, 208; colored, 16. Infants under two years of age, 151. Children reported of native parents, 85; foreign, 158.

Among the causes of death we notice:—Apoplexy, 8; Infantile convulsions, 33; croup, 8; diphtheria, 7; scarlet fever, 28; typhus and typhoid fevers, 10; consumption, 58; small-pox, 5; dropsy of head, 17; infantile-morbus, 22; diarrhoea and dysentery, 0; inflammation of brain, 10; of bowels, 8; of lungs, 29; bronchitis, 7; congestion of brain, 8; of lungs, 11; erysipelas, 3; whooping cough, 11; measles, 6. 231 deaths occurred from acute diseases and 87 from violent causes. 393 were native, and 103 foreign; of whom 64 came from Ireland; 6 died in the Immigrant Institution, and 63 in the City Charities; of whom 10 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Mar.	Barometer.		Temperature.			Difference of dry and wet bulb, Therm.		Wind.	Mean amount of cloud.	Humidity, 1000
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	"	"	"	"	"			
22d.	29.44	.21	38	35	41	2	4	N.	8.5	898
23d.	29.50	.10	44	36	51	5	9	N.E. to S.W.	8	677
24th.	29.64	.15	37	34	50	4	6	S. to N.W.	6	725
25th.	29.50	.20	35	28	42	5	7	N.W.	5	681
26th.	29.91	.14	35	26	45	7	9	N.W.	.04	567
27th.	29.93	.04	39	28	50	8	12	N.W.	2	563
28th.	29.92	.04	39	28	50	8	13	N.W.	1	565

REMARKS.—22d, Light snow A.M.; clear late at night. 23d, Fog early A.M.; clear late at night. 24th, Fog early A.M.; very light rain at intervals; clear late at night. 25th, Wind fresh; clear early and late. 26th, 27th, and 28th, Mostly clear, with blustering wind.

## MEDICAL DIARY OF THE WEEK.

Mónday, April 7.	{ NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M.
Tuesday, April 8.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Wednesday, April 9.	{ NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, Is. Hos., half-past 1 P.M. EYE INFIRMARY, 12 M. PATHOLOGICAL SOCIETY, 8 P.M.
Thursday, April 10.	{ NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Elliot, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, April 11.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. EYE INFIRMARY, 12 M.
Saturday, April 12.	{ NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

## BELLEVUE HOSPITAL MEDICAL COLLEGE.

ORDER OF LECTURES IN SPRING SESSION, 1862, FOR THE WEEK ENDING APRIL 12.

Monday, PROF. MOTT, 12 M.  
Tuesday, PROF. ELLIOT, 12 M.  
Wednesday, PROF. SAYRE, at Island Hospital, 2 P.M.  
Wednesday, PROF. FLINT, at Island Hospital, 3 P.M., (steamer leaves at 1½ P.M.)  
Thursday, PROF. WOOD, 12 M.  
Friday, PROF. SMITH, 12 M.  
Saturday, PROF. FLINT, JR., 12 M.  
Clinical Lectures by PROF. TAYLOR, Thursday, 1½ P.M.  
" by PROF. MCCREADY, Friday, 1½ P.M.

The order of Lectures for the coming week will be published weekly in the AMERICAN MEDICAL TIMES.

## SPECIAL NOTICES.

NEW YORK COUNTY MEDICAL SOCIETY.—The Stated Monthly Meeting of this Society will be held at the College of Physicians and Surgeons, corner of Twenty-third street and Fourth Avenue, on Monday next, 7th inst., at 7½ o'clock P.M. Papers and scientific discussions expected.

## Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.  
References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

## John W. Shedden, Apothecary,

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## American Medical Association.—

ANNUAL MEETING.—We, the undersigned, Committee of Arrangements of the American Medical Association, after free consultation with Officers and Members in each important section of the country accessible to the Committee, feel constrained to give notice to the profession, that the regular Annual Meeting of the Association is further postponed until the first Tuesday in June, 1863.

Committee.—N. S. Davis, J. Bloodgood, G. W. Freer, H. W. Jones, E. Andrews, D. Lusk Miller, Thos. Bevan.

CHICAGO, March 29, 1862.

## To Physicians.—Jerome C. Smith,

M.D., late of McLean Asylum, near Boston, is prepared to receive into his house, 107 East 39th St., a limited number of Epileptics or Nervous Invalids for care and treatment. He can give them superior accommodations, and command the services of the most approved nurses.

References.—D. Tilden Brown, M.D., Supt. Bloomingdale Asylum, Manhattanville, N. Y. Edward R. Chapin, M.D., Supt. Kings Co. Lunatic Asylum, Flatbush, L. I. Moses H. Ranney, M.D., Supt. N. Y. City Lunatic Asylum, Blackwell's Island. John E. Tyler, M.D., Supt. McLean Asylum, Somerville, Mass. Rev. Wm. Adams, D.D., No. 8 East 24th St.



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### SUBJECTS OF LECTURES.

Diseases of the Breast.....	Prof. Wood.
Diagnosis.....	Prof. Flint.
Comparative Anatomy.....	Prof. Childs.
Diagnosis of Diseases peculiar to Females and Infants at the Breast.....	Prof. Elliot.
Microscopic Anatomy.....	Prof. Flint, Jr.
Operations on the Head and Neck.....	Prof. Mott.
Diseases of the Placenta.....	Prof. Taylor.
Clinical Medicine.....	Prof. Macready.
Syphilitic Diseases.....	Prof. Sayre.
Puerperal Diseases.....	Prof. Barker.
Fractures and their Treatment.....	Prof. Smith.

For attendance during this course, a matriculation fee will be alone required, and they who matriculate now will not be required to do so for the next winter session. The order of Lectures for the coming week will be published in each successive number of the MEDICAL TIMES during the continuance of the course.

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References—Editors American Medical Times; Jno. E. White, Esq., Warden of Bellevue Hospital, N. Y.; Prof. B. Silliman, Jr., New Haven. Office hours from 12 to 1.

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We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal*.

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